

FOUTS, John Or J ROBERT (Legal name: John Fouts) | (id #585882, dob: 01/31/1979)



Date: 04/04/2026

RE: John Fouts, DOB: 01/31/1979, PT ID #585882

To Whom It May Concern:

I am writing to provide formal clinical documentation and medical necessity attestation for the ongoing, life-preserving treatment plan required for my patient, John R. Fouts, whom I have been actively managing for complex multisystem disease.

Mr. Fouts presents with a severe and well-documented neurovascular, immunologic, and metabolic disorder profile, including but not limited to:

TNFRSF13B (TACI) deficiency consistent with CVID-type immune dysfunction
Long COVID with associated microvascular dysfunction and microclot formation
Myalgic Encephalomyelitis / Chronic Fatigue Syndrome
Mast Cell Activation Syndrome (MCAS)
Hypogammaglobulinemia with recurrent infections and viral reactivation
Copper deficiency, iron deficiency, and broader micronutrient depletion
Hypermobile Ehlers-Danlos Syndrome (hEDS)
Small Fiber Polyneuropathy (non-length dependent)
Autonomic dysfunction with significant impairment
Multiple autoimmune and inflammatory conditions

These conditions collectively result in profound metabolic instability, impaired nutrient absorption/utilization, immune dysfunction, and progressive neurologic and vascular compromise.

1. Critical Infusion & Replacement Therapy (Medically Necessary)

Due to documented malabsorption, increased metabolic demand, and failure of oral therapies, parenteral replacement is medically necessary and not optional.

The following therapies are required:

IVIG Therapy: Essential for management of underlying immunodeficiency and prevention of recurrent infections.

Copper Infusions (Parenteral): Copper deficiency in this patient is clinically significant and contributes to:

Neuropathy and small fiber dysfunction

Impaired hematopoiesis

Mitochondrial dysfunction

Worsening immune dysregulation

Oral copper replacement has been ineffective and unreliable. Therefore, IV copper infusions are medically necessary to restore physiologic levels and prevent irreversible neurologic and hematologic damage.

Iron Infusions: Required due to refractory deficiency and impaired absorption.

High-Dose B-Complex (Parenteral): Including B1, B2, B3, and other cofactors necessary for mitochondrial and neurologic function.

Additional Metabolic Cofactors: Including trace minerals (e.g., molybdenum, selenium) required for enzymatic and cellular homeostasis.

Adjunctive Infusion Therapies: Including NAD⁺ and high-dose Vitamin C, which are medically indicated for mitochondrial dysfunction, oxidative stress, and endothelial injury.

These therapies are consistent with prior recommendations and align with the documented necessity described in prior treating physician documentation (pages 2–3), which clearly outlines copper, iron, and IVIG as essential parenteral therapies when enteral methods fail.

2. Failure of Oral / Standard Therapy

Standard oral supplementation has been insufficient due to:

Malabsorption

Increased metabolic demand

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Underlying genetic and immune dysfunction
Ongoing inflammatory and vascular pathology

As such, continued denial or interruption of infusion-based therapies places the patient at significant risk of further neurologic decline, immune compromise, and systemic deterioration.

3. Functional Impact

Mr. Fouts experiences substantial impairment in daily functioning due to:

Severe fatigue and post-exertional malaise
Neurologic symptoms including cognitive dysfunction and neuropathy
Autonomic instability
Recurrent infections and inflammatory flares

These limitations significantly affect his ability to maintain stability in daily living, including housing, self-care, and medical adherence.

4. Medical Necessity Statement

Based on my clinical evaluation and ongoing management of this patient:

The above therapies, including copper infusions, are medically necessary, life-preserving treatments
These interventions are not elective, supplemental, or wellness-based, but rather required to maintain physiologic stability and prevent progression
All infusion therapies should be processed under medical benefit (not pharmacy retail benefit) to ensure appropriate access and administration

Conclusion:

Mr. Fouts has a complex, objectively documented, multisystem disease requiring coordinated and advanced medical management. The denial or delay of medically necessary infusion therapies—particularly copper replacement, IVIG, and metabolic support infusions—poses a significant risk of irreversible harm.

Immediate authorization and continuation of these therapies is strongly recommended.

Please feel free to contact my office for any additional clinical documentation or clarification.

Sincerely,

Dr. Jordan F. Vaughn, MD

A handwritten signature in black ink, appearing to read "Jordan Vaughn", with a long horizontal line extending to the right.

Electronically Signed by: JORDAN VAUGHN, MD